

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 784

Primary Registration District No. 100

Registrar's No. 648

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. BRENTWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GOULD-WORTH-CONVALESCING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS 3
(Specify whether
In this community 32 YEARS
years, months or days) 176

8. (a) PRINT FULL NAME EMMA WALDRON

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased ABOUT 70 YRS.
(Month) (Day) (Year)

8. AGE: Years abt 70 Months — Days — If less than one day — hr. — min.

9. Birthplace KIRKWOOD ILLINOIS!
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

12. Name DANIEL WALDRON I

13. Birthplace NEW JERSEY
(City, town, or county) (State or foreign country)

14. Maiden name GERTRUDE ANN ACKERMAN

15. Birthplace NEW JERSEY
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah E. Waldron

(b) Address 506 CHERRY ST W. A. hoi

17. (a) BURIAL (b) Date thereof APRIL 7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address Webster 2100 S. W. A. H

19. (a) APR - 2 1940 (b) R. K. Meyer M.D. PH
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 506 CHERRY STREET
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1940 hour 4:30 minute PM M.

21. I hereby certify that I attended the deceased from March 21st, 1940, to April 1st, 1940
that I last saw her alive on April 1st, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Terminal) Duration 2 days

Due to S. Flu

Other conditions Cerebral apoplexy 3 wks
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? 7th St (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7th St

(Specify type of place) While at work? — (e) Means of injury —

23. Signature R. K. Meyer (M. D. or other) —

Address 7651 Grand St Date signed 4-2-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Lo L. Albrecht

Licensed Embalmer No. 1332

P. O. Address Waltham, Mass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.